

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 1 3

2. STATE:

MD

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

May 27, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1905(a)(19), 1915(g) &
42CFR447.SubpartF

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

3.1-A page 4d
4.19-B page 4aa
4.19-B page 4aaa

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

3.1-A page 4d
4.19-B page 4aa
4.19-B page 4aaa

10. SUBJECT OF AMENDMENT: Qualifications of Providers. Adds Affiliated Community Service Providers (ACSPs) as designated employers of case managers for the Targeted Case Management program for the Division of Mental Retardation Developmental Disabilities.

Method establishing payment rates for case management for developmentally disabled individuals.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *cu*
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Dana Katherine Martin

13. TYPED NAME:

Dana Katherine Martin

14. TITLE:

Director

15. DATE SUBMITTED:

June 26, 2001

16. RETURN TO:

Division of Medical Services
615 Howerton Court
PO Box 6500
Jefferson City, MD 65102

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
June 26, 2001

18. DATE APPROVED:
JUL 30 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

5/27/01

20. SIGNATURE OF REGIONAL OFFICIAL:

Nanette Foster Reilly

21. TYPED NAME:

Nanette Foster Reilly

22. TITLE:

Acting
ARA for Medicaid State Operations

23. REMARKS:

SPA CONTROLS

Date Submitted: June 26, 2001
Date Received: June 26, 2001

and activities related specifically to the client. Service logs will be maintained which identify the recipient, the case manager and the activity, as well as the date, units of service (5 minute increments), and place of service.

E. Qualification of Providers:

Case managers will be employed by the eleven Regional Centers of the Missouri Division of Mental Retardation (Division of MRDD) or by County Senate Bill 40 Boards designated by the State and Affiliated Community Service Providers (ACSPs). Case management staff must meet either the minimum experience and training qualifications for a QMRP or, when employed by a Regional Center, they may be supervised by a QMRP and possess the alternative requirements specified in E.2. below.

1. The qualifications for a Qualified Mental Retardation Professional (QMRP) are the same as the minimum required for the position of Case Manager I with the Division of MRDD and require: One year of professional experience in social work, special education, psychology, counseling, vocational rehabilitation, nursing, physical therapy, occupational therapy, speech therapy, or closely related areas; and graduation from an accredited four year college or university with major specialization (24 semester hours) in the social or behavioral sciences, special education, nursing, adjunctive therapies, counseling, vocational rehabilitation or closely related areas.
2. As an alternative, case management staff must possess a high school diploma or GED, or have completed a training course for developmental assistant I approved by the Department of mental Health, and in addition, have at least one year's experience in the care of a person or persons with developmental disabilities.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public payments made to public agencies or private entities under other program authorities for this same purpose.

State MissouriAdult Day Health Care

The state agency shall reimburse Adult Day Health Care services in accordance with provisions of state regulation 13 CSR 70-92.010. Payment will be made in accordance with a fixed fee per unit of service as defined and determined by the Division of Medical Services. The state payment for each service will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The established rate per service unit as determined by the state agency.

The total monthly payment made in behalf of an individual for Adult Day Health Care services in combination with other alternative services, including personal care and Home and Community-Based Waiver Services for the Elderly within a calendar month cannot exceed seventy-five (75%) of the average statewide monthly cost to the state for care in a nursing institution (excluding state mental hospitals and state mental institutions for mental retardation).

Case Management Services

The state agency will reimburse Case Management Services providers at rates as defined and determined by the Division of Medical Services and established in accordance with the provisions of 42 CFR 447 Subpart F. The state payment for each service will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The Medicaid maximum allowable fee for service.

State MissouriMethod establishing payment rates for case management services for developmentally disabled individuals.

For employees of the state, county SB-40 boards, and affiliated community service providers:

The initial uniform prospective hourly fee for case management will be established based on the weighted average hourly cost of all providers as calculated from providers' most recent available cost reports. The initial calculated fee, which will be based on costs for FY '00, will include an annual and, if appropriate, partial year inflation factor. Annually thereafter until rebasing, on July 1 the previous year's uniform hourly fee will be adjusted by the Consumer Price Index as determined by the bureau of Labor Statistics or, if available, a Missouri-specific health care index of inflation. The uniform prospective hourly fee will be rebased at least once every ten years. For each rebasing year, the uniform prospective hourly fee will be calculated in the same manner as the initial fee described above.

Method for establishing payment rates for case management services for Severely Emotionally Disturbed (SED) children

The payment rate for case management services will be on a fee for service basis. The fee will be established on the basis of actual cost data derived from cost reporting systems.

Method for establishing payment rates for case management services for chronically mentally ill adults.

The payment rate for case management services will be on a fee for service basis. The fee will be established on the basis of actual cost data derived from cost reporting systems. A separate fee for community reintegration services will be established on the basis of actual cost data derived from cost reporting systems.

State Plan TN# 01-13
Supersedes TN# 00-03

Effective Date 5/27/01
Approval Date JUL 30 2001